



# EMPLOYMENT APPLICATION - CITY OF TROY, OHIO Civil Service Commission

**READ:** This application is part of your examination. Answer all questions accurately and completely.  
Each position requires a separate application.  
False statements will invalidate application and/or appointment.  
Write answers in INK in your own handwriting. Do not use Typewriter.

POSITION APPLIED FOR		SOCIAL SECURITY NUMBER	
LAST NAME	FIRST NAME	INITIAL	
STREET ADDRESS			
CITY	STATE	ZIP	
HOME PHONE		WORK OR MESSAGE PHONE	

<b>OFFICE USE ONLY</b>	
CERTIFIED	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMOVAL FROM LIST	<input type="checkbox"/>
BY: _____	

**CIRCLE YES or NO**

<p>1. Are you a present or previous employee of the City of Troy? If yes, give dates: From _____ To _____</p> <p>2. Are you a U.S. citizen? If no, are you authorized by Immigration and Naturalization to work in the U.S.? Alien #A _____ Admission # _____</p> <p>3. If you require special testing due to a disability please notify the testing staff.</p> <p>4. Is any relative or member of your household employed by the City? If yes, list in Item #9</p> <p>5. Have you ever been convicted of a crime, or plead guilty, or nolo contendere to a crime other than minor traffic violations? If yes, explain under #9</p>	<p>6. Have you ever been fired or forced to resign? If yes, explain under #9</p> <p>7. Were you in the U.S. Armed Forces? Did you receive an honorable discharge? , Do you claim veteran's preference? If yes, your DD214 must accompany this application</p> <p>8. DRIVER'S LICENSE: <input type="checkbox"/> Operator <input type="checkbox"/> CDL-Class _____</p> <p style="text-align: center;">Number                      State                      Exp. Date</p> <p>Has your license ever been suspended or revoked?      Yes No</p> <p>If yes, explain under #9 below.</p> <p>Do you have a valid license?                                      Yes No</p> <p>List in Item #9 all traffic citations received within the last 7 years, include dates, offense issuing agency and disposition of case.</p>
<p>9. Space for detailed answers to above questions (indicate item number to which answers apply.) Attach additional sheets if necessary.</p>	

## EDUCATION AND TRAINING

EDUCATION CIRCLE LAST YEAR COMPLETED	Grade School								High School				College								
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
Include High School or GED Issuing Agency, Vocational School, College, Licenses or Certifications	Course of Study (date last attended)								No. of Credits Sem. or Qtr.				Did you Graduate?		Degree or Certificate Copies Attached						
Name: _____ Address _____ City/State _____													<input type="checkbox"/> Yes <input type="checkbox"/> No								
Name: _____ Address _____ City/State _____													<input type="checkbox"/> Yes <input type="checkbox"/> No								
Name: _____ Address _____ City/State _____													<input type="checkbox"/> Yes <input type="checkbox"/> No								

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**THE SECTION BELOW WILL BE REMOVED BY THE OFFICE OF PERSONNEL  
AND WILL NOT BE AVAILABLE TO HIRING AUTHORITIES**

APPLICATION SURVEY - The City of Troy is an Equal Opportunity Affirmative Action Employer.  
The information requested below is voluntarily submitted to assist us in complying with federal and state law.  
Please provide accurate information. Your cooperation is important and appreciated. Thank You,

DATE OF BIRTH                      SEX  
MO. DAY YR.                      (M OR F)

RACE OR ETHNIC GROUP\* (Check One)  
PLEASE SEE REVERSE SIDE FOR DESCRIPTION OF THE ETHNIC CATEGORIES

- 1. Black (not of Hispanic Origin)
- 2. Asian or Pacific Islander
- 3. Hispanic (regardless of race)
- 4. American Indian or Alaskan Native
- 5. White (not of Hispanic origin)

How did you learn of this position? (Check One)

- Ad in newspaper
- Ad in trade journal
- Ad on radio
- Completed interest form and received notification
- Job Line
- City bulletin board
- Friend
- City Employee
- Other \_\_\_\_\_

## DESCRIPTION OF ETHNIC CATEGORY

1. The category "Black" includes persons of African descent as well as those persons identified as Jamaican, Trinidadian and West Indian.
2. The category "Asian" includes Asian-Americans and persons of Japanese, Chinese, Korean, or Filipino descent.
3. The category "Hispanic" includes Mexican-Americans, Mexicans, Chicanos, Latinos, all persons of Puerto Rican, Cuban, Latin American, or Spanish descent.
4. The category "American Indian" includes persons who identify themselves, or are known as such, by virtue of tribal association.
5. The category "White" includes Whites, Anglo-Saxons, Europeans, and persons of Indo-European descent including Pakistani and East Indian.

INSTRUCTIONS: Beginning with your present or most recent job, describe your work experience for the past ten (10) years and list a minimum of three (3) employers. Explain any gaps in employment for periods greater than three (3) months. List each promotion or transfer as a separate job even if they were with the same employer. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below.

PRESENT OR MOST RECENT EMPLOYER

JOB TITLE: _____ SUPERVISOR: _____ TELEPHONE: _____ STARTING DATE: _____ / _____ ENDING DATE: _____ / _____ AVG. # OF HOURS WORKED/WEEK: _____ DUTIES AND RESPONSIBILITIES: _____ _____ _____	EMPLOYER: _____ ADDRESS: _____ CITY/STATE: _____ STARTING SALARY: _____ ENDING SALARY: _____ MAY WE CONTACT EMPLOYER: _____ YES / NO
REASON FOR LEAVING: _____	
JOB TITLE: _____ SUPERVISOR: _____ TELEPHONE: _____ STARTING DATE: _____ / _____ ENDING DATE: _____ / _____ AVG. # OF HOURS WORKED/WEEK: _____ DUTIES AND RESPONSIBILITIES: _____ _____ _____	EMPLOYER: _____ ADDRESS: _____ CITY/STATE: _____ STARTING SALARY: _____ ENDING SALARY: _____ MAY WE CONTACT EMPLOYER: _____ YES / NO
REASON FOR LEAVING: _____	
JOB TITLE: _____ SUPERVISOR: _____ TELEPHONE: _____ STARTING DATE: _____ / _____ ENDING DATE: _____ / _____ AVG. # OF HOURS WORKED/WEEK: _____ DUTIES AND RESPONSIBILITIES: _____ _____ _____	EMPLOYER: _____ ADDRESS: _____ CITY/STATE: _____ STARTING SALARY: _____ ENDING SALARY: _____ MAY WE CONTACT EMPLOYER: _____ YES / NO
REASON FOR LEAVING: _____	
JOB TITLE: _____ SUPERVISOR: _____ TELEPHONE: _____ STARTING DATE: _____ / _____ ENDING DATE: _____ / _____ AVG. # OF HOURS WORKED/WEEK: _____ DUTIES AND RESPONSIBILITIES: _____ _____ _____	EMPLOYER: _____ ADDRESS: _____ CITY/STATE: _____ STARTING SALARY: _____ ENDING SALARY: _____ MAY WE CONTACT EMPLOYER: _____ YES / NO
REASON FOR LEAVING: _____	

Copies of Driver's License or Photo I.D., and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification. All questions have been answered completely and I understand that my eligibility for hire may be based on a rating of this application. My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.



SIGN YOUR NAME HERE

FOR OFFICE USE ONLY: Date Received \_\_\_\_\_ Time \_\_\_\_\_